

I N C I D E N T D A T A	Agency Name <b>KERNERSVILLE POLICE</b>		<b>INCIDENT/INVESTIGATION REPORT</b>				OCA 2024-002768	
	ORI NC 0340100						Date / Time Reported Month Day Yr   S M T W T F S 07   12   2024   18:31 Hrs.	
	#1	Crime Incident(s) Shoplifting	<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr   S M T W T F S   Time 07   12   2024   18:31 Hrs.		Last Known Secure Month Day Yr   S M T W T F S   Time 07   12   2024   18:30 Hrs.		
#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident 1130 S Main St, Kernersville NC 27284			Offense Tract Z3		
#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type		Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family			

MO	How Attacked or Committed On This Date, I Was Dispatched To 1130 South Main Street In Reference To A Report Of	Forcible <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No	Weapon / Tools
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V I C T I M	# of Victims 1	Type <input type="checkbox"/> Person <input checked="" type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown	Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major	Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
	V1	Victim/Business Name (Last, First, Middle) WALMART	Victim of Crime # 1,	DOB / Age	Race Sex
	Home Address			Home Phone	
	Employer Name/Address			Business Phone	Mobile Phone
	VYR	Make	Model	Style	Color

O T H E R S  I N V O L V E D	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)						
	Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown						
	Code	Name (Last, First, Middle)			Victim of Crime #	DOB / Age	Race Sex
	Home Address				Home Phone		
	Employer Name/Address			Business Phone	Mobile Phone		
	Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown						

**Status Codes** L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number	
1	08	7,5	\$33.39		1	FOOD			
1	08	5	\$33.39		1	FOOD			
Number of Vehicles Stolen				0	Number Vehicles Recovered				0

ID	Officer <b>BROWN, C. D. (B5211)</b>	ID#	Officer Signature	Supervisor Signature <b>JOHNSON, S. P. (J5175)</b>
	Complainant Signature		Case Status <input type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined

# Incident Report Additional Name List

Kernersville Police Department

OCA: 2024-002768

Additional Name List

Page 1

NameCode/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
)						
	Address					H:
	Empl/Addr					B:
						Mobile #: